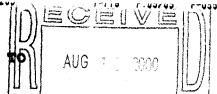
NOTIFICATION PURSUANT SECTION 6 OF DSHEA AND 21 CFR \$101.93



This notification is being filed on behalf of WIND RIVEY HEY Swhich is the WONNFACTUREN of the product(s) which bear the statements identified in this notification. Its business address is: Lincoln County R4 108 #32 P.O. Box 3637 Alpine WN 83/28. This notification is being made pursuant to Section 6 of DSHEA and Rule 21 C.F.R. \$101.93. The dietary supplement product on whose label or labeling the statements appear is Peine Astragolus Blend.

The text of each structure-function statement for which notification is now being given is:

(Statement 1): Immune system support.

(Statement 2):

(Statement 3):

The following summary identifies the dietary ingredient(s) or supplement(s) for which a statement has been made:

Statement Identity of Dietary Ingredient(s) or Number Supplement that is the Subject of the Statement

1. Astragalus, Reishi mushroom, codonopsis, siterian ginseng, 2 schisandra, nettes, burdock, licovice

3.

The following identifies the brand name of each supplement for which a statement is made:

Statement
Number

Brand Name

Label or Labeling?

1. Reishi Askagalus Blend

2.
3.

I, Judy Hennessy, am authorized to certify this Notification on behalf of Wind Fiver Herbs. I certify that the information presented and contained in this Notification is complete and accurate, and that Wind Fiver Herbs has substantiation that each structure-function statement is truthful and not misleading.

Date Signed: JVMC.b.

__ By:

[Name]
[Title]

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